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Bib Data Sheet

CONFIRMATION NO. 4182

<b>SERIAL NUMBER</b> 10/052,817	<b>FILING DATE</b> 01/23/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 0609.4460005
<b>APPLICANTS</b> Rudolph E. Tanzi, Hull, MA; Dora Kovacs, Boston, MA; Aleister J. Saunders, Cambridge, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/241,606 02/02/1999 WHICH IS A CIP OF 09/148,503 09/04/1998 PAT 6,342,350 WHICH CLAIMS BENEFIT OF 60/057,655 09/05/1997 AND CLAIMS BENEFIT OF 60/093,297 07/17/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** <i>None</i> SMALL ENTITY ** ** 02/27/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 62
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 25		
<b>ADDRESS</b> 26111				
<b>TITLE</b> Alpha-2-macroglobulin therapies and drug screening methods for Alzheimer's disease				
<b>FILING FEE RECEIVED</b> 2262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	